

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13655

FILED APR 16 1953

State File No. 95

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo</u> c. LENGTH OF STAY (in this place) <u>10 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Syracuse, Mo</u> d. STREET ADDRESS (If rural, give location) <u>5145E SOUTH-SYRACUSE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>-</u> c. (Last) <u>Belt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1953</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>SEPT. 21, 1904</u>		9. AGE (In years last birthday) <u>48</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MORGAN-COUNTY-MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>CHARLES RICHARDSON J.</u>		13b. MOTHER'S MAIDEN NAME <u>KLINE</u>	
14. NAME OF HUSBAND OR WIFE <u>Roy Belt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROY-BELT, SYRACUSE-MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis; primary Right breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>March 24, 1948</u> to <u>April 9, 1953</u> , that I last saw the deceased alive on <u>April 9, 1953</u> , and that death occurred at <u>1:30 p.m.</u> from the causes and on the date stated above.		23a. SIGNATURE <u>Lupubah, M.D.</u> (Degree or title)	
23b. ADDRESS <u>503 E. High</u>		23c. DATE SIGNED <u>4/10/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 11, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SYRACUSE</u>		24d. LOCATION (City, town, or county) <u>SYRACUSE-MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>MR. J. E. Richardson</u>		24f. ADDRESS <u>1101 N. Tipton</u>	
DATE REC'D BY LOCAL REG. <u>April 13-53</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris</u>		24g. (Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Jessie E. Richards*  
Licensed Embalmer No. *2466*  
P. O. Address *Tipton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.